

| | | | |
|---------------------------------|--|-------------------------------|---|
| <i>SERFF Tracking Number:</i> | <i>QBEC-125972658</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>First Filing Company:</i> | <i>QBE Insurance Corporation, ...</i> | <i>State Tracking Number:</i> | <i>EFT \$50</i> |
| <i>Company Tracking Number:</i> | <i>08-401-003-IL-AR</i> | | |
| <i>TOI:</i> | <i>35.0 Interline Filings</i> | <i>Sub-TOI:</i> | <i>35.0002 Commercial Interline Filings</i> |
| <i>Product Name:</i> | <i>Interline - Signature Page, Policy Jackets - Ed. 0109</i> | | |
| <i>Project Name/Number:</i> | <i>Signature Page, Policy Jackets - Ed. 0109/08-401-000-IL</i> | | |

Filing at a Glance

Companies: QBE Insurance Corporation, Praetorian Insurance Company, Redland Insurance Company

Product Name: Interline - Signature Page, SERFF Tr Num: QBEC-125972658 State: Arkansas

Policy Jackets - Ed. 0109

TOI: 35.0 Interline Filings

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: 08-401-003-IL-AR

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Llyweyia Rawlins, Brittany Yielding

Author: Lesa Brandt

Disposition Date: 01/06/2009

Date Submitted: 01/02/2009

Disposition Status: Approved

Effective Date Requested (New): 02/01/2009

Effective Date (New): 02/01/2009

Effective Date Requested (Renewal): 02/01/2009

Effective Date (Renewal): 02/01/2009

State Filing Description:

General Information

Project Name: Signature Page, Policy Jackets - Ed. 0109

Status of Filing in Domicile: Pending

Project Number: 08-401-000-IL

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 01/06/2009

State Status Changed: 01/06/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

QBE Insurance Corporation, Redland Insurance Company and Praetorian Insurance Company submit the following revisions which will apply for policies effective 2/1/2009 and after:

- QBIL-0170 (01-09) Signature Page is introduced. This non-premium form includes the witness clause and officer signatures; it is optional for use when this information hasn't been incorporated elsewhere in the policy or on the policy

| | | | |
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| <i>SERFF Tracking Number:</i> | <i>QBEC-125972658</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>First Filing Company:</i> | <i>QBE Insurance Corporation, ...</i> | <i>State Tracking Number:</i> | <i>EFT \$50</i> |
| <i>Company Tracking Number:</i> | <i>08-401-003-IL-AR</i> | | |
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| <i>Product Name:</i> | <i>Interline - Signature Page, Policy Jackets - Ed. 0109</i> | | |
| <i>Project Name/Number:</i> | <i>Signature Page, Policy Jackets - Ed. 0109/08-401-000-IL</i> | | |

jacket.

· PIC RIC (07-07) Signature Page, QBIL-0170 (09-04) Signature Page and QBIL-0170 (07-08) Signature Page are withdrawn.

QBE Insurance Corporation submits the following new and revised Commercial Lines policy jackets, for use with policies effective 2/1/2009 and after:

- QBEIC JACKET (01-09) replaces the 07-08 edition. This jacket, revised to include a new logo and the home office address, is for use with automated policy processing systems. It is optional for use when the regulatory-required information on the jacket hasn't been incorporated elsewhere in the policy.
- QBEICJ JACKET (01-09) is new; it includes a servicing office address and is used instead of QBEIC Jacket when the servicing (issuing) office is Itasca, IL.
- QBIL-0107F (01-09) and QBIL-0107B (01-09) replace the 06-00 and 03-04 editions, respectively. QBIL-0107F is paired with QBIL-0107B to create a jacket for use with when a preprinted jacket is needed. QBIL-0107F was revised to include a new logo, reference to a stock company and the administrative office address. QBIL-0107B was revised to include a new logo and revised officer information. This jacket is optional for use when the regulatory-required information on the jacket hasn't been incorporated elsewhere in the policy.
- QBIL-0107FI (01-09) is new; it includes a servicing office address and is used instead of QBIL-0107F when the servicing (issuing) office is Itasca, IL.

Company and Contact

Filing Contact Information

Lesa Brandt, Unit Leader, Compliance
2230 Village Mall Drive
Mansfield, OH 44906

LBrandt@QBEUSA.com
(419) 747-9933 [Phone]
(419) 747-9944[FAX]

Filing Company Information

QBE Insurance Corporation
88 Pine Street - 16th Floor

CoCode: 39217
Group Code: 796

State of Domicile: Pennsylvania
Company Type:

SERFF Tracking Number: QBEC-125972658 State: Arkansas
First Filing Company: QBE Insurance Corporation, ... State Tracking Number: EFT \$50
Company Tracking Number: 08-401-003-IL-AR
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Interline - Signature Page, Policy Jackets - Ed. 0109
Project Name/Number: Signature Page, Policy Jackets - Ed. 0109/08-401-000-IL

| | | |
|------------------------------|---------------------------------|-------------------------------|
| New York, NY 10005 | Group Name: QBE Insurance Group | State ID Number: |
| (212) 422-9888 ext. [Phone] | FEIN Number: 22-2311816 | |
| | ----- | |
| Praetorian Insurance Company | CoCode: 37257 | State of Domicile: Illinois |
| 88 Pine Street - 16th Floor | Group Code: 796 | Company Type: |
| New York , NY 10005 | Group Name: QBE Insurance Group | State ID Number: |
| (212) 422-9888 ext. [Phone] | FEIN Number: 36-3030511 | |
| | ----- | |
| Redland Insurance Company | CoCode: 37303 | State of Domicile: New Jersey |
| 88 Pine Street - 16th Floor | Group Code: 796 | Company Type: |
| New York , NY 10005 | Group Name: QBE Insurance Group | State ID Number: |
| (212) 422-9888 ext. [Phone] | FEIN Number: 42-1113749 | |
| | ----- | |

SERFF Tracking Number: QBEC-125972658 State: Arkansas

First Filing Company: QBE Insurance Corporation, ... State Tracking Number: EFT \$50

Company Tracking Number: 08-401-003-IL-AR

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Interline - Signature Page, Policy Jackets - Ed. 0109

Project Name/Number: Signature Page, Policy Jackets - Ed. 0109/08-401-000-IL

Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation: 50 x 1 forms submission = \$50

Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|------------------------------|---------|----------------|---------------|
| QBE Insurance Corporation | \$50.00 | 01/02/2009 | 24806985 |
| Praetorian Insurance Company | \$0.00 | 01/02/2009 | |
| Redland Insurance Company | \$0.00 | 01/02/2009 | |

| | | | |
|--------------------------|---|------------------------|--------------------------------------|
| SERFF Tracking Number: | QBEC-125972658 | State: | Arkansas |
| First Filing Company: | QBE Insurance Corporation, ... | State Tracking Number: | EFT \$50 |
| Company Tracking Number: | 08-401-003-IL-AR | | |
| TOI: | 35.0 Interline Filings | Sub-TOI: | 35.0002 Commercial Interline Filings |
| Product Name: | Interline - Signature Page, Policy Jackets - Ed. 0109 | | |
| Project Name/Number: | Signature Page, Policy Jackets - Ed. 0109/08-401-000-IL | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|------------------|------------|----------------|
| Approved | Llyweyia Rawlins | 01/06/2009 | 01/06/2009 |

| | | | |
|--------------------------|---|------------------------|--------------------------------------|
| SERFF Tracking Number: | QBEC-125972658 | State: | Arkansas |
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| Product Name: | Interline - Signature Page, Policy Jackets - Ed. 0109 | | |
| Project Name/Number: | Signature Page, Policy Jackets - Ed. 0109/08-401-000-IL | | |

Disposition

Disposition Date: 01/06/2009
Effective Date (New): 02/01/2009
Effective Date (Renewal): 02/01/2009
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

| | |
|---|--------|
| Overall Percentage Rate Indicated For This Filing | 0.000% |
| Overall Percentage Rate Impact For This Filing | 0.000% |
| Effect of Rate Filing-Written Premium Change For This Program | \$0 |
| Effect of Rate Filing - Number of Policyholders Affected | 0 |

SERFF Tracking Number: QBEC-125972658 State: Arkansas

First Filing Company: QBE Insurance Corporation, ... State Tracking Number: EFT \$50

Company Tracking Number: 08-401-003-IL-AR

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Interline - Signature Page, Policy Jackets - Ed. 0109

Project Name/Number: Signature Page, Policy Jackets - Ed. 0109/08-401-000-IL

| Item Type | Item Name | Item Status | Public Access |
|---------------------|--|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved | Yes |
| Supporting Document | Mockup QBIL-0107B 03-04 to 01-09 | Approved | Yes |
| Supporting Document | Mockup QBIL-0107F 06-00 to 01-09 | Approved | Yes |
| Supporting Document | Mockup QBEIC Jacket 07-08 to 01-09 | Approved | Yes |
| Form | Signature Page | Approved | Yes |
| Form | Policy Jacket | Approved | Yes |
| Form | Policy Jacket | Approved | Yes |
| Form | Policy Jacket | Approved | Yes |
| Form | Policy Jacket | Approved | Yes |
| Form | Policy Jacket | Approved | Yes |
| Form | Signature Page | Approved | Yes |
| Form | Signature Page | Approved | Yes |
| Form | Signature Page | Approved | Yes |

SERFF Tracking Number: QBEC-125972658 State: Arkansas

First Filing Company: QBE Insurance Corporation, ... State Tracking Number: EFT \$50

Company Tracking Number: 08-401-003-IL-AR

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Interline - Signature Page, Policy Jackets - Ed. 0109

Project Name/Number: Signature Page, Policy Jackets - Ed. 0109/08-401-000-IL

Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type | Action | Action Specific Data | Readability | Attachment |
|---------------|----------------|---------------|--------------|-----------|-----------|--|-------------|------------------------------|
| Approved | Signature Page | QBIL-0170 | 01-09 | Other | New | | 0.00 | QBIL 0170 0109.pdf |
| Approved | Policy Jacket | QBEIC JACKET | 01-09 | Other | Replaced | Replaced Form #:0.00 QBEIC JACKET 07-08 Previous Filing #: | 0.00 | QBEIC JACKET 0109.pdf |
| Approved | Policy Jacket | QBEICI JACKET | 01-09 | Other | New | | 0.00 | QBEICI JACKET 0109.pdf |
| Approved | Policy Jacket | QBIL-0107F | 01-09 | Other | Replaced | Replaced Form #:0.00 QBIL-0107F 06-00 Previous Filing #: | 0.00 | QBIL 0107F 0109.pdf |
| Approved | Policy Jacket | QBIL-0107B | 01-09 | Other | Replaced | Replaced Form #:0.00 QBIL-0107B 03-04 Previous Filing #: | 0.00 | QBIL 0107B 0109.pdf |
| Approved | Policy Jacket | QBIL-0107FI | 01-09 | Other | New | | 0.00 | QBIL-0107FI 0109.pdf |
| Approved | Signature Page | QBIL-0170 | 09-04 | Other | Withdrawn | Replaced Form #:0.00 Previous Filing #: | 0.00 | QBIL 0170 0904 withdrawn.pdf |
| Approved | Signature Page | QBIL-0170 | 07-08 | Other | Withdrawn | Replaced Form #:0.00 Previous Filing #: | 0.00 | QBIL 0170 0708 Withdrawn.pdf |
| Approved | Signature Page | PIC RIC | 07-07 | Other | Withdrawn | Replaced Form #:0.00 Previous Filing #: | 0.00 | PIC RIC 0707 withdrawn.pdf |



SIGNATURE PAGE

In witness whereof, we, as officers of the stock Company designated on the Declarations Page, have caused this policy to be executed and attested. If required by state law, this policy shall not be valid unless countersigned by our authorized representative.

A handwritten signature in black ink, appearing to read "Peter T. Maloney".

Peter T. Maloney

Secretary

A handwritten signature in black ink, appearing to read "Susan Rivera".

Susan Rivera

President

COMMERCIAL LINES POLICY



QBE INSURANCE CORPORATION

Member of the QBE Insurance Group
A Stock Company

Home Office
c/o CT Corporation System
1515 Market Street, Suite 1210
Philadelphia, Pennsylvania 19102

Administrative Office
88 Pine Street
Wall Street Plaza
New York, New York 10005

THIS POLICY CONSISTS OF:

- DECLARATIONS
- COMMON POLICY CONDITIONS
- ONE OR MORE COVERAGE PARTS. A COVERAGE PART CONSISTS OF
 - ONE OR MORE COVERAGE FORMS
 - APPLICABLE FORMS AND ENDORSEMENTS

ATTACH DECLARATIONS, POLICY AND ENDORSEMENTS (IF ANY) HERE

QBE INSURANCE CORPORATION

In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.



Susan Rivera, President



Peter T. Maloney, Secretary

COMMERCIAL LINES POLICY

(New)



QBE INSURANCE CORPORATION
Member of the QBE Insurance Group
A Stock Company

Home Office
c/o CT Corporation System
1515 Market Street, Suite 1210
Philadelphia, Pennsylvania 19102

Administrative Office
88 Pine Street
Wall Street Plaza
New York, New York 10005

Servicing Office
500 Park Boulevard, Suite 1350
Itasca, Illinois 60143
(800) 773-9980

THIS POLICY CONSISTS OF:

- DECLARATIONS
- COMMON POLICY CONDITIONS
- ONE OR MORE COVERAGE PARTS. A COVERAGE PART CONSISTS OF
 - ONE OR MORE COVERAGE FORMS
 - APPLICABLE FORMS AND ENDORSEMENTS

(New)

ATTACH DECLARATIONS, POLICY AND ENDORSEMENTS (IF ANY) HERE

QBE INSURANCE CORPORATION

In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.



Susan Rivera, President



Peter T. Maloney, Secretary

COMMERCIAL LINES POLICY



QBE INSURANCE CORPORATION

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Home Office
c/o CT Corporation System
1515 Market Street, Suite 1210
Philadelphia, Pennsylvania 19102

Administrative Office
88 Pine Street
Wall Street Plaza
New York, New York 10005

THIS POLICY CONSISTS OF:

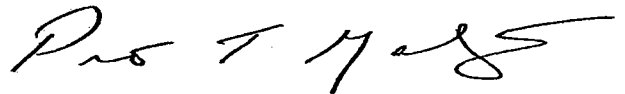
- DECLARATIONS
- COMMON POLICY CONDITIONS
- ONE OR MORE COVERAGE PARTS. A COVERAGE PART CONSISTS OF
 - ONE OR MORE COVERAGE FORMS
 - APPLICABLE FORMS AND ENDORSEMENTS

QBE INSURANCE CORPORATION

In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

A handwritten signature in black ink that reads "Susan Rivera". The signature is written in a cursive, flowing style.

Susan Rivera, President

A handwritten signature in black ink that reads "Peter T. Maloney". The signature is written in a cursive, flowing style.

Peter T. Maloney, Secretary



QBE INSURANCE CORPORATION
Member of the QBE Insurance Group
A Stock Company

COMMERCIAL LINES POLICY

(New)



QBE INSURANCE CORPORATION

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A Stock Company

Home Office
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Philadelphia, Pennsylvania 19102

Administrative Office
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Wall Street Plaza
New York, New York 10005

Servicing Office
500 Park Boulevard, Suite 1350
Itasca, Illinois 60143
(800) 773-9980

(New)

THIS POLICY CONSISTS OF:

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 - ONE OR MORE COVERAGE FORMS
 - APPLICABLE FORMS AND ENDORSEMENTS



Withdrawn

SIGNATURE PAGE

In Witness Whereof, we have caused this policy to be executed and attested, and, if the required by state law, this policy shall not be valid unless countersigned by our authorized representative.

A handwritten signature in black ink, appearing to read "Paul T. Mang".

Secretary

A handwritten signature in black ink, appearing to read "Jeffrey M. K.".

President



Withdrawn

SIGNATURE PAGE

In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

A handwritten signature in black ink that reads "Peter T. Maloney". The signature is written in a cursive, flowing style.

Peter T. Maloney
Secretary

A handwritten signature in black ink that reads "Susan Rivera". The signature is written in a cursive, flowing style.

Susan Rivera
President



Withdrawn

SIGNATURE PAGE

In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

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Peter T. Maloney

Secretary

A handwritten signature in black ink that reads "Susan Rivera". The signature is written in a cursive, flowing style.

Susan Rivera

President

| | | | |
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| <i>SERFF Tracking Number:</i> | <i>QBEC-125972658</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>First Filing Company:</i> | <i>QBE Insurance Corporation, ...</i> | <i>State Tracking Number:</i> | <i>EFT \$50</i> |
| <i>Company Tracking Number:</i> | <i>08-401-003-IL-AR</i> | | |
| <i>TOI:</i> | <i>35.0 Interline Filings</i> | <i>Sub-TOI:</i> | <i>35.0002 Commercial Interline Filings</i> |
| <i>Product Name:</i> | <i>Interline - Signature Page, Policy Jackets - Ed. 0109</i> | | |
| <i>Project Name/Number:</i> | <i>Signature Page, Policy Jackets - Ed. 0109/08-401-000-IL</i> | | |

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: QBEC-125972658 State: Arkansas
First Filing Company: QBE Insurance Corporation, ... State Tracking Number: EFT \$50
Company Tracking Number: 08-401-003-IL-AR
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Interline - Signature Page, Policy Jackets - Ed. 0109
Project Name/Number: Signature Page, Policy Jackets - Ed. 0109/08-401-000-IL

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty
Review Status: Approved 01/06/2009

Comments:

Attachment:

PC TD-1 and FFS-1 - AR.pdf

Satisfied -Name: Mockup QBIL-0107B 03-04 to 01-09
Review Status: Approved 01/06/2009

Comments:

Attachment:

QBIL 0107B mockup 0304 to 0109.pdf

Satisfied -Name: Mockup QBIL-0107F 06-00 to 01-09
Review Status: Approved 01/06/2009

Comments:

Attachment:

QBIL 0107F mockup 0600 to 0109.pdf

Satisfied -Name: Mockup QBEIC Jacket 07-08 to 01-09
Review Status: Approved 01/06/2009

Comments:

Attachment:

QBEIC JACKET mockup 0708 to 0109.pdf

Property & Casualty Transmittal Document

Reset Form

| | | |
|---|---|--|
| 1. Reserved for Insurance Dept. Use Only | 2. Insurance Department Use only | |
| | a. Date the filing is received: | |
| | b. Analyst: | |
| | c. Disposition: | |
| | d. Date of disposition of the filing: | |
| | e. Effective date of filing: | |
| | New Business | |
| | Renewal Business | |
| | f. State Filing #: | |
| | g. SERFF Filing #: | |
| h. Subject Codes | | |

| | | | | | |
|------------------------------|-----------------|---------------|---------------|----------------|---------------------|
| 3. Group Name | | | | | Group NAIC # |
| | | | | | |
| 4. Company Name(s) | Domicile | NAIC # | FEIN # | State # | |
| QBE Insurance Corporation | PA | 39217 | 22-2311816 | | |
| Praetorian Insurance Company | IL | 37257 | 36-3030511 | | |
| Redland Insurance Company | NJ | 37303 | 42-1113749 | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | |
|-----------------------------------|------------------|
| 5. Company Tracking Number | 08-401-003-IL-AR |
|-----------------------------------|------------------|

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

| | | | | |
|--|---------------------------------|---------------------|--------------|------------------------------|
| 6. Name and address | Title | Telephone #s | FAX # | e-mail |
| Lesia Brandt, 2230 Village Mall Drive, Suite 1, Mansfield, OH 44906 | Unit Leader - P&C Compliance | 419-747-9988 | 419-747-9944 | lesia.brandt@qbeamericas.com |
| | | | | |
| 7. Signature of authorized filer | | <i>Lesia Brandt</i> | | |
| 8. Please print name of authorized filer | | Lesia Brandt | | |

Filing information (see General Instructions for descriptions of these fields)

| | | | |
|---|--|---------------------|--|
| 9. Type of Insurance (TOI) | 35.0 Interline Filings | | |
| 10. Sub-Type of Insurance (Sub-TOI) | 35.0002 Commercial Interline Filings | | |
| 11. State Specific Product code(s)(if applicable)[See State Specific Requirements] | | | |
| 12. Company Program Title (Marketing title) | | | |
| 13. Filing Type | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) | | |
| 14. Effective Date(s) Requested | New: 02/01/2009 | Renewal: 02/01/2009 | |
| 15. Reference Filing? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 16. Reference Organization (if applicable) | | | |
| 17. Reference Organization # & Title | | | |
| 18. Company's Date of Filing | | | |
| 19. Status of filing in domicile | <input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved | | |

Property & Casualty Transmittal Document—

| | |
|--|------------------|
| 20. This filing transmittal is part of Company Tracking # | 08-401-003-IL-AR |
|--|------------------|

| |
|--|
| 21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] |
|--|

QBE Insurance Corporation, Redland Insurance Company and Praetorian Insurance Company submit the following revisions which will apply for policies effective 2/1/2009 and after:

- QBIL-0170 (01-09) Signature Page is introduced. This non-premium form includes the witness clause and officer signatures; it is optional for use when this information hasn't been incorporated elsewhere in the policy or on the policy jacket.
- PIC RIC (07-07) Signature Page, QBIL-0170 (09-04) Signature Page and QBIL-0170 (07-08) Signature Page are withdrawn.

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- QBIL-0107F (01-09) and QBIL-0107B (01-09) replace the 06-00 and 03-04 editions, respectively. QBIL-0107F is paired with QBIL-0107B to create a jacket for use with when a preprinted jacket is needed. QBIL-0107F was revised to include a new logo, reference to a stock company and the administrative office address. QBIL-0107B was revised to include a new logo and revised officer information. This jacket is optional for use when the regulatory-required information on the jacket hasn't been incorporated elsewhere in the policy.
- QBIL-0107FI (01-09) is new; it includes a servicing office address and is used instead of QBIL-0107F when the servicing (issuing) office is Itasca, IL.

[View Complete Filing Description](#)

| |
|---|
| 22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below] |
|---|

Check #:

Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

| | | | | | |
|-----------|---|--|---|--|---|
| 1. | This filing transmittal is part of Company Tracking # | | 08-401-003-IL-AR | | |
| 2. | This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable) | | N/A | | |
| 3. | Form Name /Description/Synopsis | Form # Include edition date | Replacement Or withdrawn? | If replacement, give form # it replaces | Previous state filing number, if required by state |
| 01 | Signature Page | QBIL-0170 01-09 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 02 | Policy Jacket | QBEIC JACKET 01-09 | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | QBEIC JACKET 07-08 | |
| 03 | Policy Jacket | QBEICI JACKET 01-09 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 04 | Policy Jacket | QBIL-0107F 01-09 | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | QBIL-0107F 06-00 | |
| 05 | Policy Jacket | QBIL-0107B 01-09 | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | QBIL-0107B 03-04 | |
| 06 | Policy Jacket | QBIL-0107FI 01-09 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 07 | Signature Page | QBIL-0170 09-04 | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn | | |
| 08 | Signature Page | QBIL-0170 07-08 | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn | | |
| 09 | Signature Page | PIC RIC 07-07 | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn | | |
| 10 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |

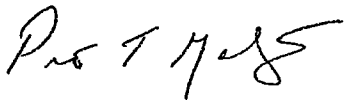
PC FFS-1

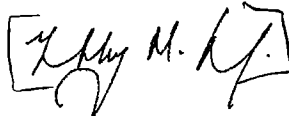
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Items [bracketed] deleted.

QBE Insurance Corporation

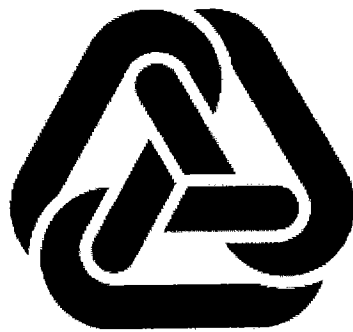
In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.


Peter T. Maloney, Secretary


Susan Rivera, President

move

move



QBE

QBE INSURANCE CORPORATION

A STOCK COMPANY

Wall Street Plaza
88 Pine Street, 16th Floor
New York, NY 10005

Member of the QBE Insurance Group

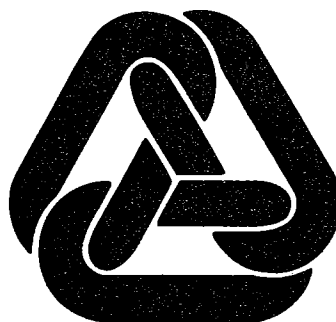
QBIL-0107B [03-04]

(01-09)

move
→

Text underscored is added.

TEXT [Bracketed] is deleted.



**QBE^[INS]
CORPORATION[]]**

COMMERCIAL LINES POLICY

QBE INSURANCE CORPORATION

Member of the QBE Insurance Group
A Stock Company

Home Office
c/o CT Corporation System
1515 Market Street, Suite 1210
Philadelphia, Pennsylvania 19102

Administrative Office
88 Pine Street
Wall Street Plaza
New York, New York 10005



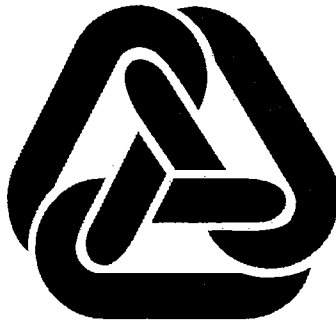
Member of the QBE Insurance Group

THIS POLICY CONSISTS OF:

- DECLARATIONS
- COMMON POLICY CONDITIONS
- ONE OR MORE COVERAGE PARTS. A COVERAGE PART CONSISTS OF
 - ONE OR MORE COVERAGE FORMS
 - APPLICABLE FORMS AND ENDORSEMENTS

COMMERCIAL LINES POLICY

Text underscored is
added.
Text [bracketed] is
deleted.



QBE

QBE INSURANCE CORPORATION

Member of the QBE Insurance Group

A Stock Company

88 Pine Street

Wall Street Plaza

New York, New York 10005

Administrative Office

insert

insert

Home Office
c/o CT Corporation System
1515 Market Street, Suite 1210
Philadelphia, Pennsylvania 19102

THIS POLICY CONSISTS OF:

- DECLARATIONS
- COMMON POLICY CONDITIONS
- ONE OR MORE COVERAGE PARTS. A COVERAGE PART CONSISTS OF
 - ONE OR MORE COVERAGE FORMS
 - APPLICABLE FORMS AND ENDORSEMENTS

ATTACH DECLARATIONS, POLICY AND ENDORSEMENTS (IF ANY) HERE

QBE INSURANCE CORPORATION

In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.



Susan Rivera, President



Peter T. Maloney, Secretary